(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

APR 01 2022

United States District Court

for the

Western District of New York

Case No. 21-CV-185-LJV (to be filled in by the Clerk's Office)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-**v**-

Defendant(s)
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

JURY TRIAL: Yes Vo_

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

A.

В.

The Plaintiff(s)	
Provide the information below for eaneeded. Name All other names by which you have been known: ID Number Current Institution Address	ach plaintiff named in the complaint. Attach additional pages if 287-363-719 1519 nye road Lyano City Sigle Zip Code
individual, a government agency, an listed below are identical to those co the person's job or title (if known) and	ach defendant named in the complaint, whether the defendant is an organization, or a corporation. Make sure that the defendant(s) ontained in the above caption. For an individual defendant, include check whether you are bringing this complaint against them in their ity, or both. Attach additional pages if needed.
Name Job or Title (if known) Shield Number Employer Address	B. further 198, afficial shurff Sitie Zip Code Individual capacity Official capacity
Defendant No. 2 Name Job or Title (if known) Shield Number Employer Address	A Sherrett 795 afficial sheff Lyono City State Zip Code Individual capacity Official capacity

		Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	,		
			City Individual capacity	State Official capacity	Zip Code
		Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address			
			City Individual capacity	State Official capacity	Zip Code
II.	Basis	for Jurisdiction			
	immuı Federi	42 U.S.C. § 1983, you may sue stanities secured by the Constitution a al Bureau of Narcotics, 403 U.S. 3 tutional rights.	nd [federal laws]." Under Bive	ens v. Six Unknown Nar	ned Agents of
	A.	Are you bringing suit against (che	eck all that apply):		
		Federal officials (a Bivens c	laim)		
		State or local officials (a § 1	983 claim)		
	В.	Section 1983 allows claims alleg the Constitution and [federal law federal constitutional or statutory	s]." 42 U.S.C. § 1983. If you a	are suing under section	1983, what
		geffing an	uphell 21.C	V.783 LJ	V
	C.	Plaintiffs suing under Bivens may		n of certain constitution	al rights. If you

are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

		giffing Cumpticel ZICV.783-LSV
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	Prisor	that day I was gust gettering aff murl
	Indica	te whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
	\Box	Other (explain) I was nesser Connected
IV.	Statem	ent of Claim
	alleged further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
		III g Geneva St Lyons NY14489 try to fit me aff mp
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		then totald me I am noct under accest

c. what date and approximate time did the events giving rise to your claim(s) occ	C.	What date and approximate time did the ever	ents giving rise to your claim(s) occ	cur?
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an July B-2020 at abut 2154 hrs,

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

as I was riching my bule the pties palice try to hit me off my birle I stop they exit these car and throw me to the grown afficer B. Jarkin and affirer A. Shrutt one had they free in #my bule and the other had his and my need

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I have marker am me yes I died they dient let

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

many I fust my job ones this ause that I dichit do and I mil life to be sue to ito not right who to mo

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have no exhausted your administrative remedies.

Α.	Did your claim(s) arise write you were confined in a jan, prison, or other correctional facility?
	Yes
	No No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	No
	Do not know
	If yes, which claim(s)?

D.		you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose cerning the facts relating to this complaint?
		Yes
		No
		o, did you file a grievance about the events described in this complaint at any other jail, prison, or er correctional facility?
		Yes
	\bigvee	No
E.	If y	ou did file a grievance:
	1.	Where did you file the grievance?
	2.	What did you claim in your grievance?
	3.	What was the result, if any?
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If
	4.	not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

VIII.

F.	If you did not file a grievance:	
	1.	If there are any reasons why you did not file a grievance, state them here:
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
G.		ase set forth any additional information that is relevant to the exhaustion of your administrative nedies.
		te: You may attach as exhibits to this complaint any documents related to the exhaustion of your ninistrative remedies.)
Previou	ıs La	wsuits
the filing brought maliciou	g fee an a is, o	trikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ction or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, r fails to state a claim upon which relief may be granted, unless the prisoner is under imminent rious physical injury." 28 U.S.C. § 1915(g).
To the b	est o	of your knowledge, have you had a case dismissed based on this "three strikes rule"?
Yes No	S	
If yes, s	tate	which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A.		ve you filed other lawsuits in state or federal court dealing with the same facts involved in this ion?
		Yes
	\bigvee	No
В.		your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit Plaintiff(s) Defendant(s) Parties to the previous lawsuit Plaintiff(s) Supplied 21, CV.743 LJV Defendant(s)
		Defendant(s) B Laulin . A Shonett
	2.	Court (if federal court, name the district; if state court, name the county and State)
		54 Broad st Lynnay 14489
	3.	Docket or index number
		20079085
	4.	Name of Judge assigned to your case
		port Sure
	5.	Approximate date of filing lawsuit
		7/7/21
	6.	Is the case still pending?
		Yes
		No
		If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		the Cuse was dismissed

IX. **Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

В.

Print

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	giffing Campba	ell	
Printed Name of Plaintiff	Jeffrey Complace	1	
Prison Identification #			
Prison Address			
	City	State	Zip Code
For Attorneys			
Date of signing: 3/8/	122		
714			
Signature of Attorney	Roma Couro		
Signature of Attorney Printed Name of Attorney			
Signature of Attorney Printed Name of Attorney Bar Number	Roma Couro		
Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm	Roma Couro		
Date of signing: 3/8/ Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address	Roma Couro		Zip Code

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Add Attachment Reset Save As...

1	
	- I man and I man such a man such is man such on
	I was just getting aff must and I was riding
	off the Bite and I stop when the police
	got out there On they throw me down off
4	the Birle knee me in my back and my to reck
	and then taked me that I am not under
	arrest they cuff me put in the Back of the
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	them come out I was out side the & Cur and
	that when they took me in and Change me
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	the attenney at the time
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